

People seeking asylum and their experiences of personal safety in Salford.

With support and help from RAPAR
and Salford RAPAR



Dedication

At the time of finalizing this report, Israfil Shiri, a young man who fled political persecution in Iran and lived in Salford, lay in a critical condition in Wythenshawe Hospital burns unit.

This young man set his body on fire on 28th August 2003. He died on 3rd September.

Israfil had been refused asylum, evicted from his home, denied the right to work legally, denied all health care, denied any support whatsoever from the government, told to leave the country immediately and then left destitute on the streets for ten months.

Nothing succeeded in securing or protecting this man's personal safety.

This report is dedicated to Israfil Shiri.

FOREWORD

This research, commissioned by the Salford Community Network from the Revans Institute at the University of Salford, lifts the lid off some of the problems that refugees and people seeking asylum encounter in our City of Salford, and in many towns and cities in North West England. The tragic story of Israfil Shiri who escaped from political persecution in Iran, only to be denied asylum in Salford and Britain must keep all thinking people awake at night. How can an educated and humane country treat persecuted people in a way that drives them to set their bodies on fire rather than face return to their original persecution and turmoil?

The timing of the report is near perfect coming only weeks after the Salford City Council's Scrutiny Commission with its 26 recommendations was published, many very useful, some challenging. This report will allow Salford Community Network to devise an action plan that tackles the myths about asylum seekers peddled by fascist parties and racist groups. We make a commitment - not only to take the report through the structures of the City Council, its partnerships and its services - but to take it into the community and challenge racial discrimination at the basic street level.

No stone should be left unturned until the people fleeing persecution and torment from wherever in the world they come, are able to feel welcome and safe in Salford - as do the 13 different nationals who play for Salford's famous football team, Manchester United. To achieve this we must and will challenge and overcome racism and bigotry in our communities.

Alec McFadden
Chair Salford Community Network
December 2003

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Moran RA, Saeed M, Golmakani Z, Abdi, Stitakova M, Ndjuimot 2003. *People seeking asylum and their experiences of personal safety in Salford*. December. The Revans Institute for Action Learning and Research, University of Salford, Greater Manchester, UK.

Refugee women feel it is all the fault of these people who know the problematic areas but still send foreigners there without thinking about what harm it will cause. Often refugees are even falsely promised to get better places. The problem is that NASS accommodation cannot be refused and people must take what they get. It sometimes feels like jumping "from fire to hell". They feel the problems will continue.

(Direct speech from focus group discussion with women from Czechoslovakia, Salford: 2003)

I think that there are bad people everywhere in the world. Salford the same as everywhere else. We can't say that everyone in the Salford is racist. Many people respect refugees and asylum seekers they help us. Although I have had some problems with groups of teenagers on the street.

(Direct speech from focus group discussion with men from Kurdistan, Salford: 2003)

She had a very tiny baby boy, but he was healthy and strong and very willing to live. Also he is still very tiny but very willing to live in spite of his small figure, you can tell he has come to stay and [we should be] willing to welcome this frail and innocent source of life among us. He is laying on his cot clenching his little fists and waiting for our answer as if this was a challenge.

Shall we rise for it and take it up?

(Note from one to one interview with a young woman from the Congo, Salford: 2003)

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Part 1. Background

Asylum seekers have escaped their countries to find a safe and normal life. When they arrive in the UK, some of them are sent to Salford. Since people began to come to Salford it has gradually become clear that there are many problems being experienced by refugees and people seeking asylum in Salford and that, on many occasions and in many different ways, people seeking asylum have been abused.

This research was commissioned by the Salford Community Network to gather evidence about threats/attacks on personal safety being experienced by people seeking asylum and how they feel about it.

The community researchers involved in this work offer the following preliminary remarks:

"Racists in Salford make people prisoners in their own homes. Refugees and asylum seekers who have been attacked or racially abused usually report to the police without any result and the harassment continues. They become disheartened and they give up contacting the police on subsequent occasions."

"The media and press have a big responsibility about the information that they present. Some of them are trying to create spectacles that encourage negative opinions about refugees and trying to make a link between refugees and terrorists."

"Generally, asylum seekers and refugees living in Salford are all facing a terror and fear for their lives. Whatever their origin, colour or religion, they escaped from their country for their personal safety, but most of them compare their actual life to before when they were in their own country. It is even worse: they are all scared for their future."

Part 2. Approach/Methodology

2.1. Getting started

The lead researcher, Dr Moran, commissioned the involvement of a member of RAPAR with depth experience of developing community initiatives in the Salford area. During two preliminary meetings they went through the proposal (see Appendix A) together and planned a course of action.

The RAPAR member, Mohammad Saeed (an anthropology student from Kurdistan with extensive linguistic skills) discussed the opportunities with the Salford RAPAR project for locating asylum seeking people who could conduct the focus groups. 4 people were identified with bilingual skills in French-English, Somali-English, Farsi (Iranian)-English and Czech-English, all of whom had offered to develop some volunteer work with the project. Mr Saeed then made contact with each individual by phone and followed those conversations by meeting up with each of the identified people. At these meetings, Mr Saeed explained about the project and found that each person was very enthusiastic to become involved. He then arranged to bring them to the University to develop the work further.

2.2. Establishing shared meanings

The research team then met altogether to discuss the project. People from different backgrounds, using different languages may express their ideas about issues in slightly different ways. It was important for the team to develop a shared meaning and understanding about what the research was trying to do. Accordingly, at this time, Dr Moran and Mr Saeed led the group into an exploration about what personal safety meant to each one of them in their own first language. Everyone identified a word/phrase in their own languages that either exactly or as near as possible has the same meaning as the phrase 'personal safety' in English.

Two other phrases, alongside personal safety, were identified: 'Looking after yourself' and 'Your own safety':

| | | |
|--------------|---|---|
| Slovak/Czech | - | Bezpecnost or Cloveka |
| Iranian | - | Salamat |
| Somali | - | Badbadada nafta |
| French | - | Secours or personnel |
| Kurdish | - | Salamati kudy (pheonetically - Kurdish writing) |

Once these shared meanings had been established the group discussed what sorts of personal safety could be included. (See Appendix B)

2.3. What sorts of personal safety?

The group explored the different types of safety that they might expect to be discussed by focus groups. These included:

- Safety of the body
- Safety of the mind
- Safety of your children
- Safety of your home
- Safety of your family

The group identified, at this stage, that they did not think that many people would find it comfortable to make disclosures about certain aspects of personal safety in a group discussion: that would need one-to-one communication. The areas that would be more difficult to access were identified as domestic violence, interpersonal or intimate relationship problems and experiences in the home or family where members were not safe from one another. In sum, the community based research group did not anticipate opportunities for collecting data about anything unsafe that might be happening inside of the family group.

2.4. Whose personal safety?

The community research team were keen to involve people who would be very hard to reach through any approach that came from outside of their community, but who might be reachable because the people asking them to talk about personal safety were, themselves, from the same community. There was a feeling that there is a layer of people who do not often have the opportunity to speak out themselves, and yet they may be amongst the people with the greatest need to communicate about what is happening to them and how they feel about it. This means that the data that follows is skewed towards people who have not had the opportunity before to talk in a way that has reached the wider public -as this report does.

The group discussed who they felt that they would be able to bring together. This was not limited to people they knew personally, though could include them. People also discussed whether it was important to create single sex groups. The decisions reached were that the Czech and Iranian groups would be women only, the Somali and Kurdish groups would be men only and the French speaking African group would be mixed.

The group confirmed that being able to offer people the opportunity to eat familiar food together was an important ice-breaker and highly culturally appropriate. Accordingly, the budget for each focus group included costs associated with feeding the participants.

2.5. Developing data collection procedures

The group discussed the need to explain to potential participants what the project was about in order to secure their agreement to participate in discussion. The group decided that it would be useful to have Dr Moran to come along at the beginning of each meeting to welcome everyone into the project, thank them for their participation, and impress upon them that this was a University based piece of research and that their confidentiality would be respected and protected. The group drew up the following statement, to be translated into each of the relevant languages and then distributed to each participant for them to read and sign prior to the focus group discussions taking place:

PERSONAL SAFETY RESEARCH

This is about how people who live in Salford feel about their personal safety. You will be asked to participate or join in a discussion with 4-6 other people who share your mother tongue.

The discussion will be noted and the results will be presented but no names will be given out. Thank you for you co-operation.

The group then discussed what sort of general information should be recorded. Age, gender, the area of Salford where they live, how long they have lived in Salford and nationality were agreed. The group then devised a set of prompt questions to guide them in their discussions:

1. What part of Salford do you live in?

2. How long have you lived in Salford?
3. Is Salford a good place to live? (Follow up question: Why?)
4. For yourself or your children, when you go out, they go to school or play, do you feel safe?

2.6. How to take notes

The group discussed how they would go about recording information. It was decided that people would be put off from speaking if there was a tape recorder and that it would be more useful for the community researcher to:

- | | |
|--------|--|
| Step 1 | Lead the discussion in their mother tongue |
| Step 2 | Take notes during the discussion in their mother tongue (or, if possible, have someone present who would take the notes) |
| Step 3 | Translate into English after the discussion |
| Step 4 | Write it down in English after the discussion |
| Step 5 | Give hand written notes to Mr Saeed |
| Step 6 | Mr Saeed brings notes to the University for word processing and safe storage |

2.7. Doing the data collection

This meeting was followed up by a further meeting between Mr Saeed and the community researchers during which time they were able to explore any further questions that they had and discuss other support needs. In practice this meant that, sometimes, people came to use phones at the University in order to organise their group and, at other times, they accessed the facilities at the Salford RAPAR project.

As Mr Saeed received information from the community researchers he would discuss its implications with Dr Moran and then feedback with the particular researchers.

People decided to arrange the meetings in private homes. The main reason for this was that participants felt more at ease and comfortable in private

homes rather than in public spaces e.g. libraries and halls. Also it was easier this way to organise food preparation.

Of the 5 planned focus groups 2 actually took place. The Czech meeting was enabled through other community members going around Salford one afternoon and collecting women to bring them to one person's home, and then accompanying them back to their homes after the discussion. For the Kurdish meeting, the men travelled to one person's home at night using public transport. One person then stayed overnight while the rest travelled back to their homes. However, in this group, the community researcher found that, rather than discussing as a group, the men were most comfortable sitting together but allowing each one to take his turn and describe his experiences when his personal safety had been affected.

For the Iranian and French-speaking African meetings, the community researchers found that there was deep reluctance to form groups: individual people were prepared to discuss their personal safety but they wanted to do it on a one-to-one basis. At the same time, the Somali focus group was superseded by a focus group that was conducted at the Salford RAPAR project following a spate of presentations about acute personal safety issues by several Somali women. Following discussion about this unforeseen coincidence within the research team, it was decided that this project would not collect data from the Somali community and that the funding associated with that focus group would be diverted into the more labour and time intensive process of enabling one to one interviews within the French speaking African and Iranian communities.

The interviews with men and women from French-speaking Africa and with women from Iran took place in individual's homes.

2.8. Feedback from the community researchers

There was a further meeting in a local library between the community researchers where they discussed the project as a whole and sorted out the finances. At this time, all the members expressed their satisfaction with being involved on this project and stated their wishes to continue to develop their capacities to do community based research in the future.

Part 3: Data Analysis

3.1. How the data was structured and analysed

4 of the 5 community based researchers came together with Dr Moran at the University to begin to read and discuss the data. 3 of the research team noted and discussed their observations about the dataset as a whole: what were the recurrent themes and how did people feel about their personal safety? This was used as the basis for a deeper analytical process that was then conducted by Dr Moran and Mr Saeed.

They read and re-read the dataset looking for direct experiences when personal safety had been affected. Gradually, a number of different themes emerged which were organised into the structure for presenting the data here. The research world has a label for this analytical process: constant, comparative, thematic analysis.

This section of data re-presentation and analysis concentrates first on experiences of interpersonal safety in and around particular places: the home environment; on the street; at or travelling to the shops. It then moves out to consider what the participants understand to be the impact of their experiences: on themselves and on all the people around them in Salford. In the third part, the report presents their descriptions and perspectives about service responses. Finally, they talk about their hopes in the past and their fears for their personal safety and that of their families, friends and neighbours in the future.

Section 4 offers suggestions about what to do with - and about - this report.

The penultimate draft of this work was passed back to the rest of the community research team who shared, with Mr Saeed, the power to decide the final edit of the report. The issues discussed and the evidence to support them are illustrative, not exhaustive: with a different collection of people, other issues may well have emerged from their experiences.

3.2. Characteristics of participants (see Tables 1-3)

Ranging in age from 17-52 years, comprising 10 women and 7 men, and with 14 children between them, the participants are, in 13 out of 17 cases, living in Salford as either a lone person or lone parent. This includes all of the

Kurdish men, some of whom left wives and children behind when they fled for safety from Kurdistan.

Table 1: Nationality by Gender, Number of children and Age

| | Women | Men | No of children with them | Age Range |
|----------------|-----------|----------|--------------------------|--------------|
| African | 1 | 2 | 4 | 22-35 |
| Czech | 5 | 0 | 6 | 17-52 |
| Kurdish | 0 | 5 | 0 | 20-45 |
| Iranian | 4 | 0 | 4 | 25-49 |
| Total | 10 | 7 | 14 | 17-52 |

Table 2: Gender by Living with Partner

| | | Women | Men | Total |
|--------------------------------|------------|-------|-----|-----------|
| In Salford with partner | Yes | 3 | 2 | 5 |
| | No | 7 | 5 | 12 |

Table 3: Gender by Immigration Status

| | | Women | Men | Total |
|---------------|-------------------------|-------|-----|-----------|
| Status | Pending decision | 7 | 5 | 12 |
| | On appeal | 1 | 0 | 1 |
| | With status | 1 | 1 | 2 |
| | Refused | 1 | 1 | 2 |

Of the 17 participants, 12 are waiting for their asylum claims to reach a first decision and only 2 have secured leave to stay with the remaining 3 either on appeal or having failed their claim. This means that 14 out of the

17 participants, and all of the children with them, are living on 70% of income support and have no right to work legally. The relative lack of participation from people whose applications for asylum have been finally refused is indicative of the difficulty and complexity of accessing people who are now destitute although, arguably, it is their personal safety that will be most highly compromised through their destitution.

3.3. Hot spot areas identified

In the course of the discussions, certain areas of Salford were identified by some participants as posing particularly acute problems for them. It is important to stress that this does not mean that no other areas pose threats to the personal safety of asylum seeking people; it is simply a reflection of the experiences of the participants:

- Cumberland, near Albert Park
- Swinton
- The area behind Tesco in Salford Precinct (problems especially with the youngsters)
- Lower Broughton
- Lower Kersal
- Eccles

3.4. Places without safety

3.4.1. Relationships with neighbours and feelings about home

Through advocacy and research into domestic violence and child abuse in the UK, it has been well established that home can be a very unsafe place, particularly for women, children and elders, whatever your nationality or citizenship. However, while sometimes the source of this danger might arise through strangers who break in, or neighbours who harass, threaten or enact interpersonal violence in the home, it most often derives from other family members who are sharing the same accommodation.

In this investigation, none of the participants identified other family members as the source of physical or mental danger though, as was discussed in the approach section earlier, none of the community based researchers expected this study to uncover "unsafeness" of this nature: group meetings were not felt to be conducive to disclosure which usually occurs once a trusting relationship has been established with the confidante.

For one participant the problem began when they had been granted refugee status and, therefore, had to move from the home where they had established relationships with the people living around them to a new area:

The family was granted a refugee status, [we] moved into the area and were immediately recognised as 'not English'. The car was broken into. (Notes from Czech women's focus group)

For this woman, the problem stems from being visibly different from the people around them. The view is shared by another Czech woman whose problems began when the family was first dispersed to Salford:

For 2 months English people kept throwing huge stones and bricks into almost all of the windows during the day, and at nights too. Both parents and the children were attacked. The English kept throwing stones at the children every time they came out to play. It came so far it was impossible to cook, clean, go shopping or live. (Notes from Czech women's focus group)

Here, the relentless nature of the threats to personal safety is striking. The family do not have any time at all in their home when they feel safe and every aspect of life is affected by the violence that they are experiencing so that nothing that is a usual activity in the home (cooking, cleaning), or playing outside the home, can be done in safety.

For another family, the non-stop threat is directed towards the property. Alongside setting fire outside, it includes the degrading act of deliberately scattering rubbish as well as isolating the family by cutting the phone lines:

I'm living in Eccles. I don't like this area because there is a lot of problems with my neighbours. For example, once they wanted to burn up my house with making fire in front of my door. And my telephone cable has been cut off from outside. They took all the rubbish from the bin and threw it around the house. For all the problems I had since I came to this house, I

reported them to the police. (One to one interview with woman from Iran)

One of the African men also described a non-stop situation of "unsafeness" at home:

His house is constantly visited by burglars, rubbish and graffiti are regularly thrown at his front door. (Notes from one to one interview with French speaking African man)

For another man, this time from Kurdistan, the neighbours' demands for him to leave were backed up by a dog attack:

For example one time three people set their dog onto me. They told me to get out of the flat and they gave me a lot of verbal abuse. I ran away from them. I was upset and frightened after this. (Direct speech from focus group with men from Kurdistan)

People cope with these threats and attacks at and around their homes in different ways. At first, one of the Czech women whose children were attacked tried to be friendly. When that did not work, she began reporting her problems to the police but their response was unrealistic:

Children got beaten up too. This woman is a mature person now but she feels it can't be resolved by using nice words or good manners. Police didn't respond to this family's needs either, they just said they should have ignored the behavior. (Notes from Czech focus group)

For one of the Kurdish men, being moved is the only hope:

I hope that I can change my accommodation to somewhere else where I feel safer. (Kurdish man)

And one of the African men is also seeking help from NASS to be moved:

It is six months now since Mr T has asked NASS to let him change accommodation. Nothing has been done up to today. "I do not feel safe living in this place with my family. I fear for the safety of my wife and children, of my property as well as for myself." (Notes and direct speech from one to one interview with man from Burundi)

One of the participants suggested another other sort of solution to attacks on personal safety in the home:

In my opinion everyone has the right to live without fear and attack against themselves at his or her home and accommodation. Authorities such as police, local authorities and school have duty to protect you and your family from racial harassment and to take action against the attackers. People who attack others because of their race should be evicted from their house, fined or put in prison. (Notes from focus group discussion with men from Kurdistan)

Finally, still waiting for the outcome of her family's application for asylum, and feeling stress when she thinks about the experiences that led her to flee from her original home, one of the Iranian women describes a constant and acute form of fear for her safety and that of her family, both inside and outside her home environment in Salford:

I don't feel safe when I am at home. I have lots of pressure in my mind about my husband and myself. I have stress about everything that has happened in our life and I am scared from everyone in the street especially when I receive my letters every morning, because my mind is worried that today I will receive a letter from the Home Office. And when I go out into the street, I feel strange about myself and the people around me. (Direct speech from one to one interview with woman from Iran)

The uncertainty of her situation leaves this woman feeling unsafe from the moment she wakes and through the day - everywhere - and with everyone.

In contrast, a fellow Iranian woman was the only participant who talked about their home in a positive way:

I like the house to be honest, I don't have any serious problems with my neighbours and my area. (Direct speech from one to one interview with woman from Iran)

3.4.2. The absence of home: destitution

Only one of the participants was a failed asylum seeker who, as such, had been cut off from all benefits and evicted from her home. She is a young woman from the Congo who, at the time of becoming destitute was 3 months pregnant:

In December 2002, NASS stopped any support and she has been thrown out of the house. Aged 22, 3 months pregnant and does not know where to go. Some friends (a couple with two children) living in Swinton agree to have her with them. As soon as they find out she is pregnant, they tell her she will have to find a house of her own when the baby comes because they will not be able to keep her and her baby, so she would better start looking for a place now. She does not have her papers, she is not working and she cannot work-where is she going to start work? She starts thinking all the time, she is very anxious because she does not know what is going to happen to her. "What will become of me and my baby? Where are we going to live?" (Notes and direct speech from one to one interview with Congolese woman)

There is no certainty or stability at all in this young woman's life as the vulnerability associated with being pregnant coincides with the vulnerability of being both homeless and stateless.

3.4.3. Burglary

Crime statistics demonstrate that you do not have to be a refugee or asylum seeking person to be burgled. A man from Kurdistan explained how being burgled has led him to fear going out - even though he personally had never experienced attack:

Fortunately I have not been attacked however when I go out at night I don't feel safe because my house has been broken into when I am out of doors and windows have been broken. I do not feel safe because I saw cars are crashed on the street. (Direct speech from focus group with men from Kurdistan)

The only male participant with refugee status, from Burundi, experienced a problem shared by many white, working class people in Salford, with the difference being that he felt unable to report it at all:

One morning he woke up to find that the window in his sitting room had been broken during the night and that the thieves have taken away his TV set, his playstation and a tremendous number of CDs and cassettes he used to own. He did not call the police because he says he is afraid.(Notes from one to one interview with man from Burundi)

3.4.4. At home and on the street

Growing fears from some non-Muslim people about people who they perceive to be Muslims (Islamaphobia), and the belief held by some people that it is acceptable to attack Muslims have been well-documented within the media since September 11th 2001. This dynamic is reflected in the first street based attack presented here:

One evening in April, a friend from Iran came to visit. By 7.00pm as he was walking this friend to the nearest bus station, four teenagers were smoking and drinking on the pavement. The boys started calling them names "You Bin Laden, terrorists - go back to your own country". The men did not answer and kept on walking steadily - the teenagers, not content of [with] assaulting them verbally started throwing cans and stones in

their direction. One of the boys came straight at his friend and hit him on the head with the bottle he was holding. Very badly injured his friend started bleeding heavily and collapsed. Two other boys charged at the Algerian and they started fighting ferociously. As the fighting went on a police car passing by stopped. All of a sudden all the boys vanished into the air, leaving Mr Y standing there alone in front of the policemen. He rushed by his friend's side. "He was bleeding so heavily and was unconscious, I was afraid he was dead", he says. (Notes from one to one interview with man from Algeria)

This was a particularly violent attack. It is noteworthy that, in this study, all of the descriptions of street-based attack are directed towards the men, not the women, who participated and that they are invariably describing attacks from gangs of young white men towards men who are moving about alone or in twos:

Another time five people came up to me near Salford precinct. They took out a knife, the back of my hand was cut and I was bleeding. (Direct speech noted during focus group with men from Kurdistan)

In the next example, the vulnerability of young men who are asylum seekers is shown to be exacerbated by the absence of an emergency police service that would enable people with little English language to call for help:

I have been in Salford about eight months. I have been attacked many times when I go out. For instance I was going to the Job Centre on the way near Salford Playhouse at Liverpool Street about (20 people) followed me. When I was walking they throw some bottles at me. I tried to call the police but I couldn't speak English properly. Suddenly one guy was walking in my way. I asked him could he make a phone call to the police because I needed help. He was so kind then he made the call. I gave him my telephone number and my address but unfortunately police didn't come and then they attacked and intimidated me. That I was hit so hard my legs a lot of pain I

couldn't go out for two days. (Direct speech notes during focus group with men from Kurdistan)

On this occasion it seems as if a passer-by, or one of the attacking group themselves perhaps, tried to help.

On another occasion I was with my flatmate. We were on the way home near my home. Five people came up to us and blocked our way. We ran out of the way but they caught my flat mate and they hit him very hard. (Kurd)

In other settings, groups of young men who are asylum seekers have explained to community researchers that, because of their experiences of street attack, they feel more safe if they can move around the streets as a group.

3.4.5. Going shopping

The everyday task of going to do your shopping also emerged as an activity that threatened personal safety:

On more than one occasion when they went shopping, people came out and stood in their way on purpose, not willing to let them walk past. (Notes from focus group with women from Czechoslovakia)

In the next example, the experience smacks of the 'Jim Crow' legislation and attitude that has operated in parts of the United States whereby black people are excluded from public places on the basis of their visible difference from the majority community. In the Somali focus group conducted at Salford RAPAR in June, women reported being refused carriage regularly on Salford busses¹.

In the following example, the threat is less directly tangible, but the message that she is not wanted at the shop is very clear:

¹ Case study presentations and Somali Women focus group data entered for Salford RAPAR SRB5 validation visit, 14th July 2003.

A woman went shopping but when she put her things inside a basket, a shop assistant put them back on the shelf and sent her home. Generally, the English think foreigners must be all bad! It is better not to start anything with people in this country, it's better to live quietly without bringing too much attention to yourself. (Notes from focus group with women from Czechoslovakia)

Unfortunately, this personal experience, along with others no doubt, has left this woman with a very poor impression of all English people, to the extent that she is contemplating the decision to stop trying to communicate, as much as possible, with the English people around her.

Another family's experience of shopping is particularly striking for the injury inflicted at the time and the failure of police response:

A couple of months ago my husband went out to do some shopping but suddenly, somebody shooting him with a gun [air rifle]. Because of that he couldn't speak properly and he has been in hospital as well. We reported that to the police but nothing happened. (Direct speech from one to one interview with woman from Iran)

The issue of service response and how people seeking asylum perceive it, is explored more deeply in the following sections. The final example in this section about how and where the personal safety of people seeking asylum and refugees is threatened includes the shopping site - alongside the public highways and public transport:

I have lived in Salford for nearly two years. Most of the time we get abuse from local people on the bus and on the street and in the shops. (Notes from focus group with men from Kurdistan)

3.5. Consequences of experiencing threats to/attacks on personal safety

3.5.1. Physical injury and mental pain

In addition to the many examples of physical injury that have been sustained by people seeking asylum whose personal safety has been attacked and that have been described in the preceding sections, the experience of attacks on personal safety can also be demonstrated as having deep mental health consequences. One woman feels unsafe about going anywhere at all. She has become agoraphobic:

I don't like where I live because I have lots of problems. For example, once I went out with all my friends. A couple of boys stopped us and asked us for money, but what could we do, we ran away from there. After that happened I can't ever attempt to go out. (Direct speech from one to one interview with woman from Iran)

This same reaction is described by 3 men each of whom endured violent street attacks:

Now I don't like to go out especially at night I feel so afraid I usually stay at home, thinking and watching TV. Sometimes I have got headache because my mind is so stressed. However I like to stay within the law and I respect local authorities. (Direct speech notes during focus group with men from Kurdistan) Attacked on the street

His eyes were bruised he had black eye. I complained to the police. They didn't do anything for us and my friend and myself are too frightened to go out at night. I felt very upset and felt depressed. (Direct speech notes during focus group with men from Kurdistan) Attacked on the street

He feels frightened about leaving his house especially at night. He does not out alone. (Direct speech notes during focus group with men from Kurdistan) Attacked on the street

This potential for violent acts from people living nearby to be followed by mental distress, like Agrophobia, is identified by one of the young kurdish men:

However I feel that the pressures of living in a country where the fear of attack has affected me mentally. I feel I need extra support to ensure my mental health is maintained and that I do not get depressed or ill. (Direct speech from focus group with men from Kurdistan)

This mental distress can combine with the threat to physical health that is posed by an inadequate living environment. For another of the women, this combination of unsafeness from both people around - through being burgled - and the very poor living environment is understood to have resulted in a complex of physical and mental health needs:

I don't really feel comfortable in my house because there isn't enough space for me to put my furniture. My room does not have a heater. For the temperature in the room, whenever I try to wash anything, the water is cold. I have to do washing up with cold water (always). I have pain in my hands every night. I can't sleep very well. Before, I told about my problems to housing...but nothing. Every week, when I collect my benefit from the post office I'm worried that anything I will buy will be stolen from my room. Housing haven't done any action to find the burglar. I have to stay in my room once a week for all day long, waiting for housing inspectors to come and see me but they don't come when they should. I don't know why my time, my life, my healthiness is not important to the housing office. (Direct speech from one to one interview with woman from Iran)

3.5.2. Perceived impact on pregnant women

Out of what is a small in-depth sample it is noteworthy that, in two cases, the impact of experiencing threats or attacks on personal safety have been

found to have deeply adverse effects of the well-being of two pregnant women, and by extension, the babies that they are trying to carry to term:

However, these past incidents [attacks on the family at home] had a huge affect on their pregnant daughter, who still receives hospital treatment now. (Notes from focus group discussion with women from Czechoslovakia)

For the young women from the Congo who is destitute:

She is in a very serious condition and this is affecting the health of the baby she is carrying. The baby is so weak the doctor is wondering if it is still alive. Her health starts deteriorating. Her blood pressure gets higher and higher every day. Her situation gets worse every day and she is on the verge of a nervous breakdown. Her friends get scared and rush her to the hospital... In spite of all the care the medical staff are giving her, she is not getting any better-the doctor is fearing for her life and for her baby's life-he is convinced that if they wait for the pregnancy to be completed, they might loose either the baby or the mother or both of them-he decides that the induction has to be undertaken to save both of them-she was even given a caesarean when she had completed 8 months of pregnancy. (Direct speech from one to one interview with woman from Congo)

In addition to the life-threatening physical and mental distress that is described here, the Government's creation of destitution within the asylum seeking community is demonstrated as being responsible for creating an additional layer of service presentations that require intensive medical intervention. This contradiction not only exposes the fragmentation between different Governmental departments - the Home Office policy damages people and the Department of Health treats the damaged people - it also begs huge questions about the truth of the economic arguments that claim that this policy is designed to save British tax-payers' money.

3.5.3. Impact upon children

Children especially are vulnerable and most affected by all this. (Notes from focus group discussion with women from Czechoslovakia)

In one of the groups, where the Czech community discuss a particularly acute personal safety situation for a refugee family who move to a new area, a mother describes an incident where a very young child became the focus of attack:

They never had any problems with anyone else. On one occasion 2 strange men came inside their house at the weekend (during the day) and asked where the children are. They attempted to kidnap their 4-year-old son, but his dad pulled him back inside and sent him upstairs. The incident was reported to the police but nothing was done about it. (Notes from focus group discussion with women from Czechoslovakia)

And, from the perspective of the family, the police failed to treat the threat with any seriousness.

There are other examples of adults being physically violent towards the children of families who are asylum seekers:

On another occasion the English neighbour started to kick the refugee child outside their house. Mum and dad came out and there was a fight about getting the child safely inside. The English guy ended up with a scratch near his eye [he had a gun too and threatened to kill with it]. (Notes from focus group discussion with women from Czechoslovakia)

The group of Czech women who participated feel that their community has been exercising great restraint in the face of intense provocation. However, the attacks from adults upon their children are too much to bear:

It is even adults who attack children and that drives the parents mad. (Notes from focus group discussion with women from Czechoslovakia)

The attacks have led parents to withdraw their children from school. In the first two examples of this nature, the decision to keep their children at home is rooted in a decision about the dangers posed by traveling to school.

The woman feels the kids are in big danger, as they are most vulnerable. She even doesn't let them go to school any more, she worries they could get hurt. Sometimes they get beaten up by their neighbours. (Notes from focus group discussion with women from Czechoslovakia)

A woman says her children stopped going to school - it was too dangerous to walk anywhere on their own. (Notes from focus group discussion with women from Czechoslovakia)

In the following two cases, evidence of the impact upon children of attacks upon their personal safety are either physical - and once more calling upon intensive services in the Department of Health:

A boy was beaten up at school badly, they broke his nose and he had an operation. (Notes from focus group discussion with women from Czechoslovakia)

Or the evidence is of emotional impact that leads to separation from their local primary school, and the further disruption of childrens' education.

He has had to move his two older children from the public school where they used to go because they kept complaining of their teachers' and their classmates' behaviour. His sons (8 and 7) now attend a catholic school in a different area. (Notes from one to one interview with man from Burundi)

Who knows what the impact will be over time, on the new born baby of our young woman from the Congo who is destitute? It will depend upon readers'

responses to the community researcher's observations about this infant and how far the human beings around him realize their potential to help him:

She had a very tiny baby boy, but he was healthy and strong and very willing to live. Also he is still very tiny but very willing to live in spite of his small figure, you can tell he has come to stay and [we should be] willing to welcome this frail and innocent source of life among us. He is laying on his cot clenching his little fists and waiting for our answer as if this was a challenge. Shall we rise for it and take it up? (Notes from one to one interview with woman from Congo)

3.5.4. Impact on interpersonal relationships

In the final part of this section that has re-presented and analysed data about the impact of threats to personal safety, this report touches upon the area of intimate personal relationships. The team had not expected the approach taken in this study to enable disclosures about personal relationships inside of families. In fact, it was alluded to in one interview:

My husband used to be an artist in Iran. He is an educated man, and he is very gentle man. I like him but, because of the stress - we both have it - it effects our private life badly. (Notes from one to one interview with woman from Iran)

The next and final data section concentrates on what participants have observed about service responses to personal safety issues.

3.6. How do services respond to personal safety issues?

3.6.1. Police

In the overwhelming majority of violent incidents that are described as having been reported to the police, their response leaves much to be desired. There is a perception that the police have failed to do anything at all for the victim, either at the time of an incident or during follow up contact:

I phoned the police twice [following knife attack on Salford Precinct]. The police didn't do anything for me. (Direct speech from focus group with men from Kurdistan)

In the following example, the severity of the attack makes the failure to follow through with communication from the police that explains the nature and outcome of any police investigation even more striking;

somebody shooting him with a gun [air rifle]. Because of that he couldn't speak properly and he has been in hospital as well. We reported that to the police but nothing happened. (Direct speech from one to one interview with woman from Iran)

In another case, police non-response to crises is exacerbated by their offering some support for a family under siege in their neighbourhood only to fail to deliver that support.

Apparently the mentioned family had to ring the police on many occasions (day and night time), whenever their neighbours threatened /beat them or cause trouble, but police often fail to turn up. After the incident with their boy, the police promised to put an alarm system inside their house to ring in emergency, but never did. The family only got one crime reference number, although police know about many incidents. (Notes from focus group with women from Czechoslovakia)

In addition, the way in which the police are using the crime reporting system in this case (giving one crime reference for multiple incidents) signifies to the family affected that, as far as the police are concerned, these attacks are not very important. This way of reporting will also have a knock-on effect that diminishes the scale and severity of these within the statistics for violent crime and racially motivated crime in the City.

In another description, a woman from Czechoslovakia is demonstrating that she perceives police conduct to be discriminating against an asylum seeking man and his family, to the point where the family home is searched and the

father is locked up without access to medicines, while the English family simply walk away:

When the police came, officers searched the house of the Slovak family (not the English one), they arrested the refugee guy and he spent a whole day at the police station without his medication while the English guy stayed at home. Nothing has been done about it. (Notes from focus group with women from Czechoslovakia)

The woman of this family is left with a confirmed sense of police discrimination and the feeling that, despite many incidents, nothing will be done until a death occurs:

A woman says if it was only broken windows, she'd survive that, but are the police waiting for someone to get killed? Police always believe the English more than the refugees. (Notes from focus group with women from Czechoslovakia)

Where incidents occur that leave clear evidence of attacks to personal safety, people are bemused at the police failure to make use of such evidence:

There are cases even recorded on the video camera but police don't even accept this sort of evidence. (Notes from focus group with women from Czechoslovakia)

There are also incidents described where police arrive at a scene of attack that is so severe that the police then take asylum seeking people to hospital:

Police took 2 badly injured Algerian and Iranian men to Accident and Emergency (Notes from one to one interview with man from Algeria)

Here, there is no police follow through on the case and, in response to another incident, this time school-based, the mother's perception of the

police response to an attack on her child is to advise her that she must accept this level of violence as being normal:

A boy was beaten up at school badly, they broke his nose and he had an operation. Police didn't do much about it. They say similar behaviour is 'normal in this country'. (Notes from focus group with women from Czechoslovakia)

Some of the participants have found themselves seeking out support for personal safety from other Salford based services.

3.6.2. Health and Social Care services

The man from Kurdistan who survived a knife attack in Salford precinct approached social services for support. Their response, indicative perhaps of their perceived helplessness in the face of this sort of violence, was to advise him to stay inside his home as much as possible, and, as has been discussed earlier, this investigation would seem to suggest that several members of Salford's asylum seeking community are doing exactly that - even though they do not necessarily feel safe at home:

After this happened [knife attack on Salford Precinct] I told Social Services. They told me to be careful look after myself and stay in my accommodation. They said some parts of Salford were dangerous. (Direct speech from focus group discussion with men from Kurdistan)

For some people health services can be perceived as neglectful to the point where personal safety is endangered:

A woman had an operation and was released from hospital 2 days after. For 3 months after that she didn't have a proper check-up, and until now doctors always only look on the outside of her tummy. An infection appeared and she went to an emergency with high fever. They tell her wait till it got really bad and she felt like dying. She had bad pains for 4 months

after that but doctor made another appointment months later.
(Czech)

For the woman who was destitute and pregnant, her experience of her GP was intensely positive:

When he places equipment on the mother's belly he find that the baby is alive but it is so weak it can hardly breathe. The doctor understands such a condition, to a woman like this it can only be caused by anxiety and fear. He undertakes to her to tell him what is worrying her so much. He convinces her to speak when he explains to her that her poor condition is linked to her state of anxiety and she might loose the baby. When she tells him the story he immediately contacts her solicitor and Asylum Seeker Advocacy.

The duty of care enacted by this doctor appears to have enabled other agencies, such as NASS, lawyers and an advocate to bring in appropriate support systems. However, the underlying problem of destitution, and the associated threat to her personal safety and that of her baby remain:

She is now out of hospital and living in a bedroom which had been provided by NASS thanks to her solicitor and the Asylum Seeker's Advocate on a temporary basis, while waiting for the Home Office to decide upon her case. In spite of the comfort from the parish on *** where she lives and the whole team of asylum seekers advocacy being there on daily basis up to now, she is not feeling safe at all because her problem is still unresolved [destitution]. Her blood pressure is still higher than normal. She has to go back to the hospital for a week, only a fortnight after she has been released because her wound gets infected. (Notes from one to one interview with woman from Congo)

As this report is being prepared, much of the press is taken up with MP Liam Fox's characterisation of people seeking asylum as drains on the health systems of the UK. What would Dr Fox suggest that the health system does

when confronted with people injured through attacks on their personal safety that arise from negative attitudes and violent behaviour towards people seeking asylum?

The policemen take both men into their car quickly to the hospital. They are ushered into the casualty ward. Mr Y and his friend are treated. The Algerian's wounds were not very deep and he is released the next day, but his friend will have to remain at the hospital for three more days. (Notes from one to one interview with man from Algeria)

Dr Fox's scenario for the future would leave these men, and the young mother and her baby on the street.

In the final example relating to health and social care responses to attacks on personal safety, a mother explains that her daughter has had a deep mental reaction to sustained threats towards the family at home and is now in need of, and receives, regular psychological support:

I live with my 2 daughters as I said before and since we came to this house my daughter she got depressed because of the problems we had. She goes to a psychologist every few months. (Notes from one to one interview with woman from Iran)

3.6.3. NASS/Home Office

Where families or individuals are experiencing forms of support that derive from within the refugee and asylum seeking communities themselves, this study has uncovered one example where the NASS response to the family's receipt of help is to punish them for accepting it;

My husband is ill. He has pain in his back. [Because of my husband's illness] some people gave us a Christmas gift, a cheap car, £300. After that NASS came and have stopped all our benefits. (Notes from one to one interview with woman from Iran)

The perception held by people seeking asylum that NASS is a source of threat, as demonstrated above, is found to extend towards both the Home Office and the Government in general. In the following quotation, the speaker describes the experience of regular, acute anxiety that is associated with the requirement that he sign at a NASS building every month. His uncertainty about whether, when he signs this month, he will be snatched away and taken back to Iraq is shared by many of his friends :

Also I have to go to Dallas Court to sign every month. I feel frightened that I might get arrested and returned to Iraq. When I have to sign at Dallas Court I am very worried. Also many of my friends are in the same situation as me. I would recommend that the Government not get people to sign at Reporting Centres such as Dallas Court. (Direct speech from focus group discussion with men from Kurdistan)

This feeling of potential attack from the very State that you have come to in order to find safety leaves people in an absolute limbo. This fear combines with their material circumstances and exclusion from the right to work to cut off any potential for them to develop a sense of belonging, albeit temporary, within the City:

I don't feel comfortable because I don't know whether I am going to get my answer from the Home Office or not. We don't have any money because we can't work anywhere. (Notes from one to one interview with woman from Iran)

The quotation that follows appears in the foreword to this report. This woman's words sum up the depth, complexity and ever-present nature of the fear for their personal safety and that of their family and friends, that people seeking asylum can feel about what NASS, the Home Office and the Government might do to them:

I am scared from everyone in the street especially when I receive my letters every morning, because my mind is worried that today I will receive a letter from the Home Office. And when I go out into the street, I feel strange about myself and

the people around me. (Notes from one to one interview with woman from Iran)

3.7. The past and the future

3.7.1. In hope

The participants in this study have left behind many different situations in search of personal safety in the UK. However, it very difficult for people to see any commonsense at work in the decisions around where and how to disperse asylum seeking people once they have reached the UK:

She says most refugees come to UK to escape similar problems and fights in their countries, not for money. Everyone agrees it is much worse here. They wonder why the authorities put refugees in the most problematic areas - it is illogical and things will never improve like that. (Notes from focus group with women from Czechoslovakia)

When they get here they can find that:

People who are in real danger have to wait weeks to receive help, which makes the female members of our community suspicious and they feel they can't trust anyone. (Notes from focus group with women from Czechoslovakia)

So, does the future hold out any hope?

3.7.2. ...and Fear

I haven't done any crime I just came here for a safe life because my life was in danger. I like to have a normal life but it looks like its impossible for me, and it's very hard when you love someone but you can't be with him. Why should I live like that? (Notes from one to one interview with woman from Iran)

There is fear at the thought of bringing children into the world:

I had a dark past and maybe a darker future. But I don't know what is the reason. Have I done something wrong? I wish myself and everybody around me a good life, even my enemy. I don't like to bring a child into this world when I don't know what is going to happen to me. (Notes from one to one interview with woman from Iran)

Fear about the limits of personal endurance and the consequences of that fragility for other family members:

I am really disappointed with my life, but I will try to stand strong for my children and my ill husband. But how much can I take? (Notes from one to one interview with woman from Iran)

Fear about what is happening to them here, that is outweighed by a deeper fear at the thought of being refused asylum here:

I feel frightened here however I do not want to return to my country because I had many problems there and I feel that I would be in danger if I returned. (Direct speech from focus group discussion with men from Kurdistan)

Fear about pending Home Office decisions where participants are utterly clear that to be refused and forced to return to their home countries creates yet another attack on their personal safety:

I've got lots of stress about myself and my daughters. However, I have to put up with it because I can't do anything about it. I have got really worried every morning that the post man brings my letter. [If] the Home Office refuse us, we have no choice, we can't even go to my country because if we do maybe they will kill us. Is it my destiny? I wish I could see my daughters happy but it seems very hard. (Notes from one to one interview with woman from Iran)

If I feel that my country was going to be as safe as a European country I would be happy to return because of the political

systems. I do not feel I can return. (Direct speech from focus group discussion with men from Kurdistan)

There is intense personal uncertainty being experienced by people who sometimes cannot imagine any future at all:

In July 2002 I had an interview with the Home Office. I am still waiting for a decision from them. I hope that I will get a decision soon. My mind gets very busy because I don't know what is happening I do not know what is going on and I can't make any plans. (Direct speech from focus group discussion with men from Kurdistan)

This contrasts with the clarity that some participants have about what needs to be addressed in order for any sort of positive prospect for the future to become possible:

Generally refugee women feel that the English will be satisfied only when they hurt and cause harm, and when they get refugees to go home. There's much to be done about that! (Direct speech from focus group discussion with women from Czechoslovakia)

3.8. Response of community research team

There are a number of ways of responding to these problems. The most important factor is the education of parents and children. How can we in Salford learn how to live together in peace? Could Salford schools timetable opportunities for the city's young people to really learn about different cultures, races and parts of the world? Could Salford schools and colleges contribute more to developing understanding about why asylum seekers and refugees escape their countries to come to Europe in the first place? People on the ground need to challenge the myths created in the media. Opportunities for people from different backgrounds to mix together can be very helpful for creating better understanding.

We have to be prepared to try to change or create new policies for accommodating people and we have to be prepared to challenge the demand

that people sign at Dallas Court: people feel that this is one of the biggest risks to their personal safety.

Part 4. Recommendation

That the Salford Community Network take this report into and through the structures of the city so that each service is approached to make a response to its findings and, altogether, an action plan is drawn up. The reason for suggesting this, rather than the authors putting forward recommendations, is to encourage the services themselves to suggest, shape and implement their ideas about what is needed and what changes they could create.

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Appendix A

Personal Safety of Asylum Seeking people. Specification for Community Network, Salford.

1. Background

People fleeing persecution and seeking asylum in Britain have been forcibly dispersed by Central Government to the City of Salford in significant numbers. The exact numbers are not currently available as the only agency with precise information is the police force who, at this time, do not choose to share their information with RAPAR (Refugee and Asylum Seeker Participatory Action Research). However, from information made available through a range of sources including the local Primary Care Trust and 'insider information' from asylum seeking groups themselves, it is not unreasonable to suggest that upwards of 2000 people from over 65 countries have been dispersed to the City in the last two years. They are predominantly housed in the most deprived parts of the city. Approximately 2/3 are being housed in private accommodation with the remaining 1/3 being housed through the City Council.

At this time, there is little public information available about the history of the settlement of minority ethnic people into this overwhelmingly white working class city. Also, there has been very little public debate about the impact of dispersal upon the City: about how either newly arriving asylum seeker people or local indigenous people perceive this changing demography.

2. The Nature of the Problem

Through the development of social networks instigated through the Revans Institute, RAPAR formed with the support of the Salford CVS and Salford PCT. RAPAR now has direct communication with hundreds of asylum seeking people in Salford. Since October 2001, RAPAR has been aware of behaviour taking place in Salford that either threatens or directly removes the personal safety of asylum seeking people. It has sought to liaise directly with the Home Office, the Police and the City Council to develop appropriate

responses. The nature and form of the threat and removal of personal safety includes:

- Verbal harassment in public places e.g. shopping centres, post offices
- Racist graffiti daubed onto the front of houses where asylum seeking people live
- Physical attack in public places e.g. Salford Precinct
- Physical attacks in peoples' homes including persistent burglaries at the same addresses, forced entries, assault and battery of both children and adults
- Removal of people for deportation on third country rulings when they attend regular signing sessions at Dallas Court
- Death threats from Combat 18 to individuals who are known to be working with asylum seekers

3. Proposal

Through the Revans Institute at the University of Salford and in collaboration with the Salford RAPAR team, a number of asylum seeking people who are members of RAPAR are supported to draw together 5 groups of asylum seekers (Farsi/Dari, Arabic, French speaking African, Swahili speaking African and one Eastern European grouping to be decided by RAPAR). These groups will discuss and document their concerns and their ideas for how to begin to address this problem and they will feed the information through the appropriate mechanisms available within the City for action.

Appendix B PERSONAL SAFETY

1. What does this mean?

- **Safety of the body**
- **Safety of the mind**
- **Safety of your children**
- **Safety of your home**
- **Safety of your family**

2. How can we find out how people feel about this?

3. What sort of questions should we ask them?

4. How are we going to make a record of what they say at the time?